

PTO/SB/21 (09-04)

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**TRANSMITTAL  
FORM**

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Total Number of Pages in This Submission

Application Number 09/325,599

Filing Date 06/03/1999

First Named Inventor Serge DeGheldere et al.

Art Unit 1724

Examiner Name Ivars C. Cintins

Attorney Docket Number F8-5460

**ENCLOSURES (Check all that apply)**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                      | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                                    | <input type="checkbox"/> Request for Refund   |   |
| <input checked="" type="checkbox"/> Information Disclosure Statement (6th Supplemental) | <input type="checkbox"/> CD, Number of CD(s) _____                                      |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                         | <input type="checkbox"/> Landscape Table on CD  |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                 | <b>Remarks</b>  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53               | Other Enclosures:   |   |
|   | - PTO/SB/08A (1 Page)   |   |
|   | - Cited References  |   |
|   | - Return Postcard   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.		
Signature			
Printed name	Andrew G. Kolomayets		
Date	03/17/2005	Reg. No.	33,723

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NAME: Max Castro

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Effective on 12/08/2004.

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# FEETRANSMITTAL

MAR 17 2005

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1,200.00

## Complete if Known

Application Number	09/325,599
Filing Date	06/03/1999
First Named Inventor	Serge DeGheldere et al.
Examiner Name	Ivars C. Cintins
Art Unit	1724
Attorney Docket No.	F8-5460

## METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_
- ☐ Deposit Account Deposit Account Number: 50/1039 Deposit Account Name: Cook, Alex, McFarron, Manzo, Cummings & Mehler, Ltd.
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- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
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## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

### 3. APPLICATION SIZE FEE

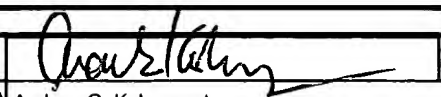
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fees Paid (\$)
- 6th Supplemental Information Disclosure Statement (\$180.00)	
Other (e.g., late filing surcharge): - Petition for Extension of Time (3-month) (\$1,020.00)	1,200.00

## SUBMITTED BY

Signature		Registration No. 33,723 (Attorney/Agent)	Telephone 312-236-8500
Name (Print/Type)	Andrew G. Kolomayets	Date	03/17/2005

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